

GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: Locally Funded Program Renewal Termination Notice

Notice Date: 06/01/2023

Account ID: 999999999

JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

Subject: Termination of Medical Assistance Coverage

Dear JOHN DOE:

Your medical assistance coverage will terminate on **06/30/2023** because we have not received a completed renewal packet. The medical assistance coverage will be terminated for below individual(s):

JOHN DOE

This decision is supported by the following: 22-B DCMR § 3305.

If you disagree with this determination, you have the right to request a hearing to appeal your eligibility determination. Please see the section below called, "If You Think We Made a Mistake," and the insert referenced in that section for an explanation of your rights and how to request an appeals hearing.

Your Secure User Account

You can access/create an account with District Direct. Please refer to the attached information sheet.

If You Think We Made a Mistake

If you disagree with any determination about the amount or type of health care coverage benefits you or any of the other persons listed on your application or renewal form was found eligible for, you have the right to appeal the determination(s). You may request an appeal by phone, in

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person, online, and by mail. You must request an appeal by **09/30/2023**. 22-B DCMR § B3306.7 and D.C. Official Code §4-210.09. **See the insert for more information on your appeal rights.**

SAMPLE

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